AMERICAN INDIAN/ ALASKA NATIVE WOMEN

Just over one percent of the U.S. adult population, or 2.7 million adults, identify themselves as American Indian or Alaska Native, either alone or combined with one or more other races. American Indian and Alaska Native populations are distributed throughout the country, but are largely located in the West (43 percent), South (31 percent), and Midwest (17 percent); some populations also live in the Northeast (9 percent). The population is diverse and includes many different tribes and cultures. However, these communities generally face many challenges, including higher rates of poverty, lower rates of educational attainment and health insurance coverage, and higher prevalence and mortality rates for a number of diseases than other races.[1] American Indians and Alaska Natives are also more likely than adults of other races to smoke, use alcohol, and be overweight or obese.

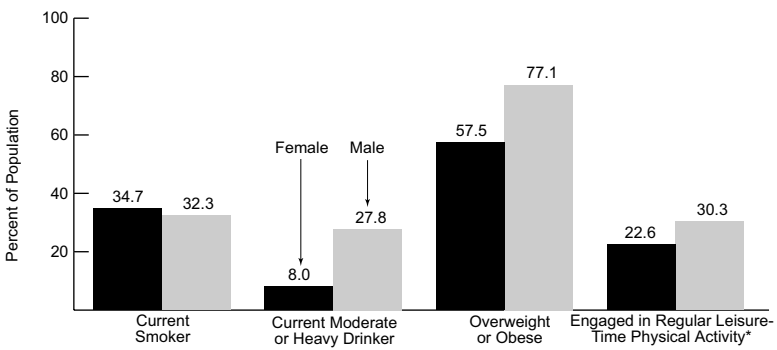
American Indian and Alaska Native women are less likely than their male counterparts to engage in selected health risk behaviors. The only exception is smoking: in 1999-2003, 34.7 percent of women in this population smoked, compared to 32.3 percent of men. However, women were less likely than men to engage in regular leisure-time physical activity (22.6 versus 30.3 percent).

Compared to women of other races, American Indian and Alaska Native women had the highest rates of heart disease, diabetes, ulcers, and migraines or severe headaches, and the second highest rates of hypertension and cancer.

1 *Barnes PM, Adams PF, Powell-Griner E. Health characteristics of the American Indian and Alaska Native adult population: United States, 1999-2003. Advanced Data from Vital and Health Statistics, No. 356; 2005 Apr.*

Selected Health Behaviors Among American Indian/Alaska Native Adults Aged 18 and Older, 1999-2003

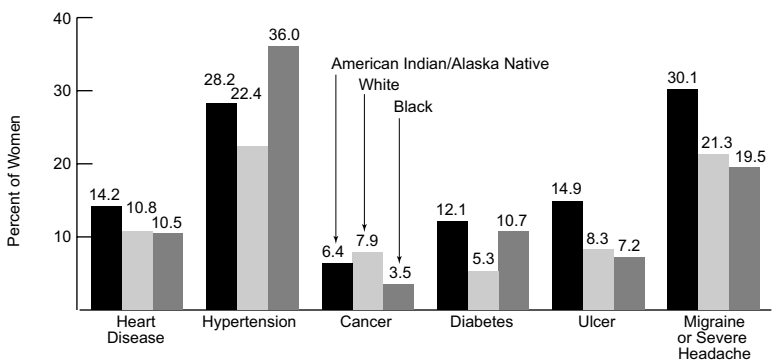
Source II.23: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey



*Light or moderate activities that occur five or more times per week for at least 30 minutes each time and/or vigorous activities that occur three or more times per week for at least 20 minutes each time.

Selected Health Conditions Among Women Aged 18 and Older, by Race,* 1999-2003

Source II.23: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey



*May include Hispanics.

OLDER WOMEN

In 2000, there were 34.9 million adults aged 65 and older in the United States; by 2003, that number had grown to 35.9 million, representing 12 percent of the total population. According to the U.S. Census Bureau, the older population is projected to grow to 72 million in 2030, or 20 percent of the total population, due to the aging of the Baby Boom generation. At the time of the 2000 Census, older women composed 7.3 percent of the population while men composed 5.1 percent.

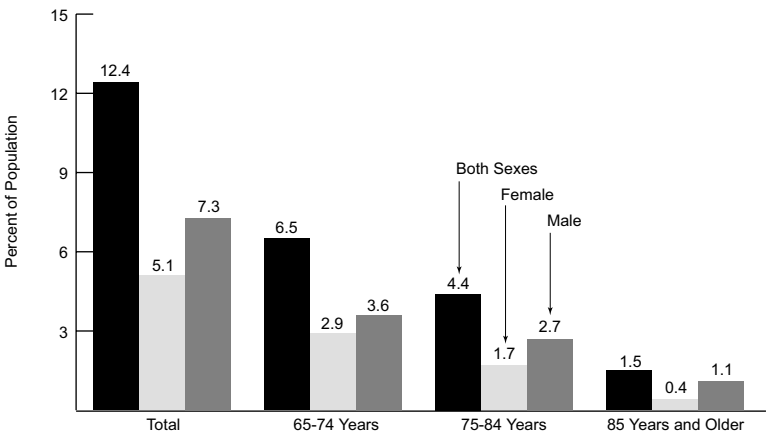
Older people who live alone are more likely to reside in poverty than those who live with their spouses, and living alone can also increase social isolation and reliance upon formal social supports.[1] In 2003, almost three-quarters of older men lived with a spouse, while fewer than half of women had the same living arrangement. Women were more likely to live alone than men (39.7 versus 18.8 percent). Many women also lived with relatives (17.4 percent).

Marital status influences many aspects of people's lives, including living arrangements, income, health, and mortality. Research shows that older married people, especially men, live longer, healthier lives than their unmarried counterparts (including the divorced and widowed).[1] In 2003, 41.1 percent of older women were married, compared to 71.2 percent of men; this corresponds with the percent of each population that lived with a spouse. Women were more likely than men to be widowed (44.3 versus 14.3 percent) and divorced (8.6 versus 7.0 percent).

Older Americans play a large part in the American economy and social structure, participating

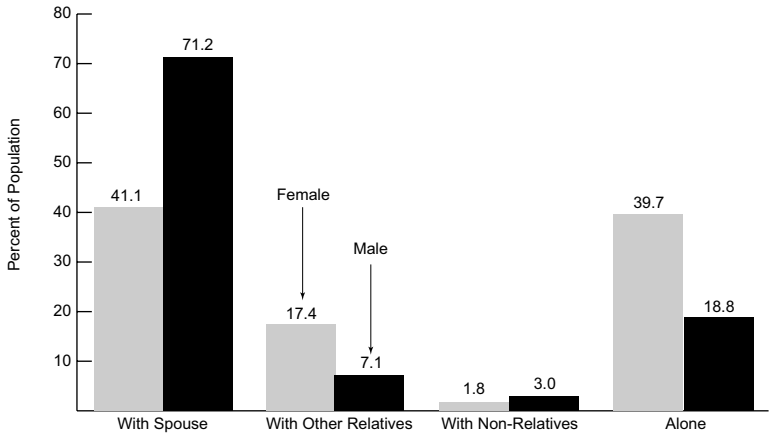
Representation of Adults Aged 65 and Older in the U.S. Population, by Age and Sex, 2000

Source II.24: U.S. Census Bureau



Living Arrangements of Adults Aged 65 and Older,* by Sex, 2003

Source II.24: U.S. Census Bureau



*Civilian, non-institutionalized population.

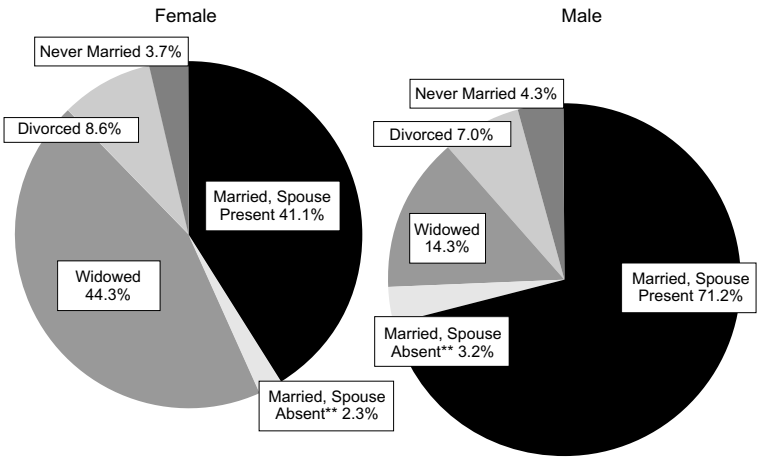
in formal volunteer activities (with an organization), informal volunteer activities (helping others outside of their own household), and caring for family members (including parents, spouses, and grandchildren). The value of these activities, determined through the 2002 Health and Retirement Study, is estimated at $97.6 to $201 billion, or $2,698 per person. In 2002, about 74 percent of older adults volunteered their time or provided unpaid care to family members. Time spent caring for family members represented approximately 61 percent of the total value of unpaid activities. The older population provided grandchild care worth approximately $27.3 billion, spousal care worth $22.1 billion, and parent care worth $13.5 billion. Formal volunteering was worth $25.4 billion while informal volunteering was worth $10.1 billion.

Older women devote more time to volunteering than older men. In 2002, women contributed an estimated $2,968 per capita compared to $2,363 per capita contributed by men. This difference is true in each of the five activity types, but is most pronounced in the care of grandchildren: in 2002, women supplied nearly 70 percent of all grandchild care.

1 *He W, Sengupta M, Velkoff V, Debarros K; U.S. Census Bureau. 65+ in the United States: 2005. Current Population Reports, P23-209. U.S. Government Printing Office, Washington D.C.; 2005.*

Marital Status of Adults Aged 65 and Older,* by Sex, 2003

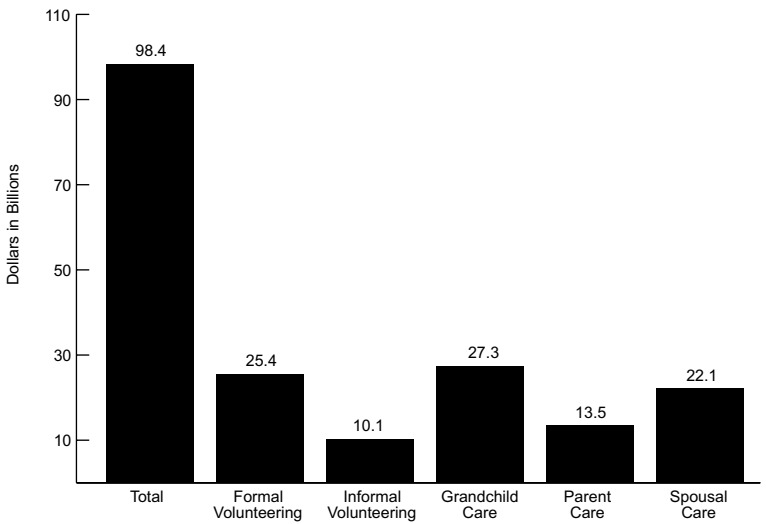
Source II.24: U.S. Census Bureau



*Civilian, non-institutionalized population. **Includes couples who are separated.

Total Value of Unpaid Activities Among Women Aged 65 and Older, by Activity Type, 2002

Source II.25: National Institute on Aging, Health and Retirement Study



RURAL AND URBAN WOMEN

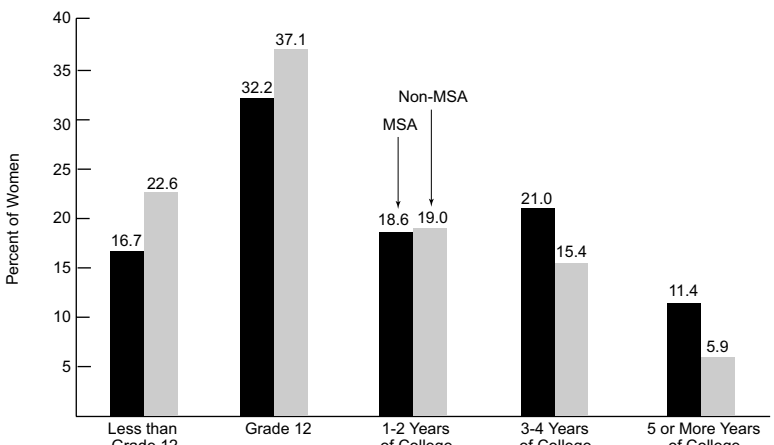
In 2003, almost 54 million people, or 19 percent of the population, lived in an area considered to be non-metropolitan. The number of areas defined as metropolitan changes every year as the population moves and grows. Residents of rural areas tend to be older, poorer, and live farther from health care resources than their metropolitan counterparts.

Women from non-metropolitan areas also tend to complete fewer years of education than women from metropolitan areas. In 2003, 22.6 percent of women aged 25 or older in rural areas had less than a 12th grade education, compared to 16.7 percent of women from metropolitan areas. Women from metropolitan areas were more likely to have 3 to 4 years of college education (21.0 versus 15.4 percent), and 5 or more years of college (11.4 versus 5.9 percent).

In addition to having access to fewer healthcare resources, women in rural areas are also less likely to have private health insurance coverage than their metropolitan counterparts. In 2003, 70.1 percent of women (aged 18 to 64) in non-metropolitan areas had any private insurance coverage for a full year compared to 76.1 percent of women in metropolitan areas. Women in non-metropolitan areas were more likely to have public insurance or be uninsured.

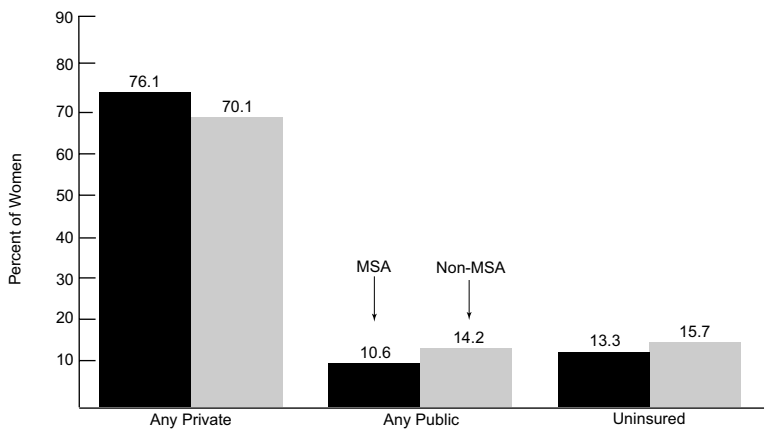
Completed Years of Education Among Women Aged 25 and Older, by Area of Residence,* 2003

Source II.26: Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey



Full Year Insurance Coverage Among Women Aged 18 to 64 Years, by Area of Residence,* 2003

Source II.26: Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey



*Metropolitan Statistical Areas (MSA) include at least: one city with 50,000 or more inhabitants, or an urbanized area of at least 50,000 inhabitants and a total metropolitan population of at least 100,000 (75,000 in New England). Additional "outlying counties" are included in the MSA if they meet specified requirements of commuting to the central counties and other selected requirements of metropolitan character. In New England, the MSAs are defined in terms of cities and towns rather than counties.